

Quality Standards List for Barangay Health Stations

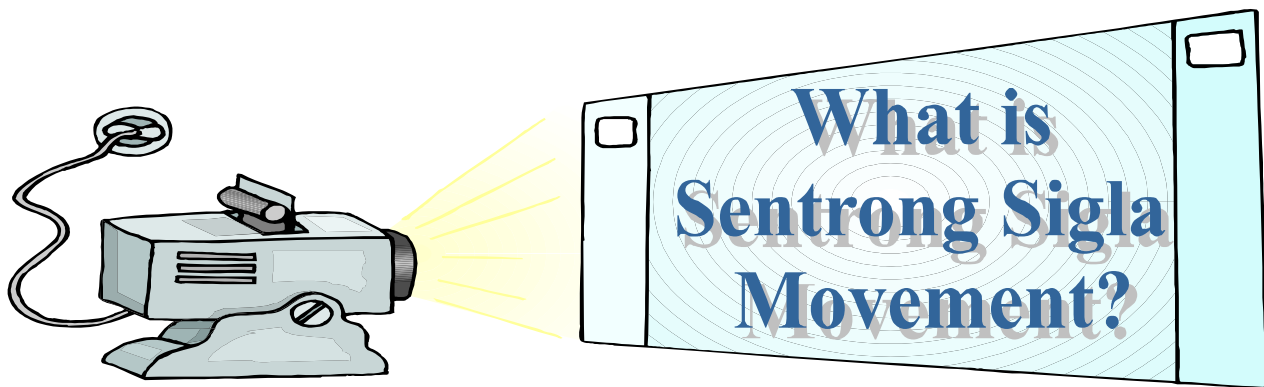
Level 1

**Certification and Recognition Program
Sentrong Sigla Movement**



October 2000





S*entrong Sigla Movement (SSM)* aims to improve the quality of public health services. Through its ***Certification and Recognition Program or CRP***, Sentrong Sigla recognizes local government units (LGUs) and certifies health facilities that meet requirements and standards to deliver quality services. The CRP has three levels of certification with Level 1 as the entry level. The participating facility progresses through Levels 1, 2 and 3 until it gets elevated to the SSM's Hall of Fame. A Sentrong Sigla certified facility eventually gets into the continuous quality improvement (CQI) mode enabling the facility staff to set their own standards of quality.

What is the Level 1 Quality Standards List for Barangay Health Stations (BHS)?

The Level 1 Quality Standards List for Barangay Health Stations (BHS) includes the recommended standards and requirements for providing quality services. This list was developed based on existing program guidelines from the Department of Health (DOH).

There are general conditions or requirements that are critical in every facility and are therefore considered as inclusion criteria for participation in Level 1:

- The BHS's main rural health unit or health center is Sentrong Sigla certified.
- The BHS is housed in (or within) a permanent structure with a permanently assigned midwife that provides regular health services.
- The BHS has the following:
 - ✎ Regular source of clean water
 - ✎ Comfort room/latrine for patients
 - ✎ Blood pressure apparatus with cuff
 - ✎ Stethoscope
 - ✎ Thermometer
 - ✎ Weighing scale for infants and adults (but not bathroom scale)

Who is the Quality Standards List's intended user?

The List is meant for service providers or staff, local health managers, local chief executives, Sentrong Sigla teams and other users interested and involved in improving quality of services being provided in the facility. Using the List, any user will be able to assess if his/her facility meets the quality standards for providing health services or if not, what improvements are needed to meet the standards.

What health facilities are being referred to?

The Sentrong Sigla Certification and Recognition Program covers health facilities like hospitals, rural health units/health centers and barangay health stations. This List is intended only for **barangay health stations**.

What is the focus of Level 1 standards?

Level 1 standards focus on “inputs” like the basic infrastructure, equipment, pharmaceuticals and supplies and other conditions that are necessary to demonstrate “preparedness” or “readiness” of the facility to provide the services. There are also some “process” standards that are already included. These standards are in the following areas:

- **Infrastructure/Amenities**
- **Health Services**
- **Attitude and Behavior of Health Workers**
- **Health Human Resources**
- **Equipment**
- **Drugs, Medicines and Supplies**
- **Health Information System**
- **Community Interventions**



Note to Users:

The List provides the basic standards and requirements that are being recommended under Sentrong Sigla for Level 1 certification. There are corresponding standards for Levels 2 and 3. Once a facility meets Level 1 standards and gets certified, under the Sentrong Sigla Certification and Recognition Program, the facility and its staff will be introduced to continuous quality improvement (CQI) tools and techniques in order to maintain Level 1 standards, and also strive for higher levels of certification.

It is expected that certain aspects of quality standards maybe defined differently and may vary from program to program, facility to facility and from one person to another. However, for Sentrong Sigla, these are the standards being recommended. These standards were developed based on existing DOH program standards and was a result of a series of consultation activities at different levels of the health system.



The BHS should have the following general infrastructures/conditions/amenities:

- ✍ Generally clean and orderly environment
- ✍ Sufficient seating space for patients
- ✍ Sign board listing facility hours and available services
- ✍ Adequate lighting and ventilation
- ✍ Light source for examinations: goose neck lamp and flashlights
- ✍ Covered water supply - sufficient for hand-washing and for comfort rooms or latrines
- ✍ Hand washing area with water, soap and towels
- ✍ Functional and clean comfort rooms or latrines (for health staff and clients) with adequate water supply
- ✍ Covered garbage containers (waste segregation and sharp objects)
- ✍ Cleaning/sterilizing supplies for clinical instruments
- ✍ Storage space/room for supplies, drugs and medicines
- ✍ A treatment area/examination area with visual and auditory privacy



The facility should practice the following:

- ✍ Clinic hours, services and whereabouts of staff posted in a strategic area readable by all clients and service providers.
- ✍ Client waiting time must be as brief as possible. Clients should be seen by health staff within 15 minutes of registration.
- ✍ During clinic hours, direct client care should take precedence over all other tasks. Clients should not be made to wait merely because the BHS midwife or CHVW is writing or transferring notes, doing reports or performing other tasks not directly related to client care.
- ✍ The BHS should maintain occasional hours during evenings and weekends to accommodate clients who are unable to consult or visit during regular clinical hours. The BHS should provide services during non-traditional hours at least once a week, considering clients who may not be available during regular office or work hours.

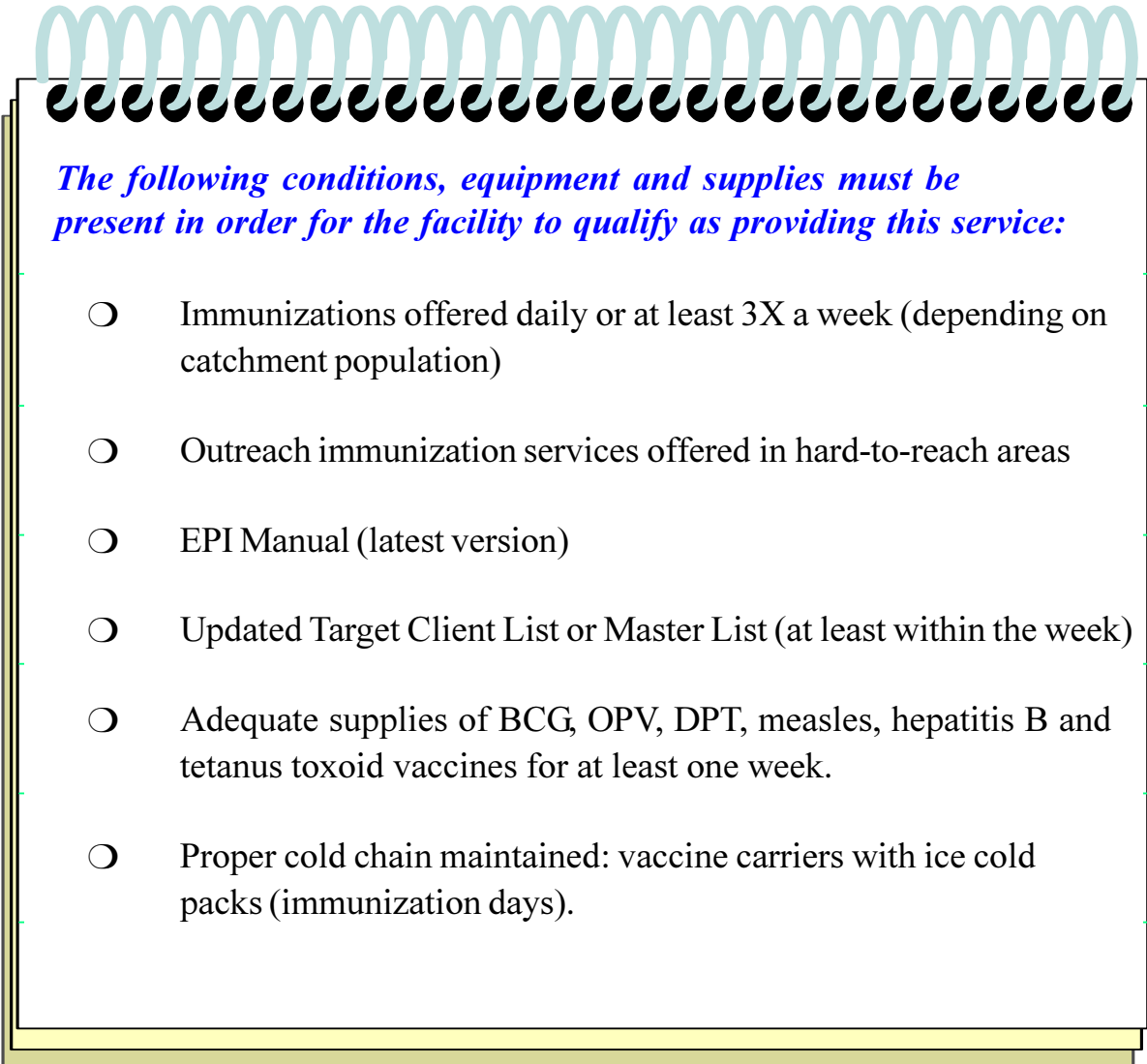


The following programs and services must be in place/available at the health facility at all times:

2.1.

Expanded Program on Immunization

- ✎ Immunization sessions should be conducted in the BHS as regularly as possible. Although Wednesday has been adopted as the national immunization day, immunization days may be held on other days.
- ✎ Schedules should be displayed to inform mothers of the time and day at which immunization services are to be provided. However, clients who request immunization on other days should not be turned away. Wastage of vaccine is a minimal program cost and should not be overemphasized or used as a barrier to vaccine administration.
- ✎ The facility should practice a “one needle and one syringe policy” because of the danger of transmitting Hepatitis B and AIDS (HIV infection) through unsterile needles and syringes. Therefore, one sterile syringe and needle should be utilized for each injection. Disposable syringes and needles should be used only once and then collected in a puncture proof container to be burned and buried.
- ✎ BCG, OPV, DPT, measles, hepatitis B and tetanus toxoid vaccines should be available at all times and should be stored under proper cold chain conditions.
- ✎ BHS midwife should conduct patient counseling on effectiveness, risks, benefits, potential side effects and treatment for such side effects of each vaccine.

A graphic of a spiral-bound notebook with a light blue cover and a white page. The spiral binding is on the left side. The page contains text and a list of conditions for immunization services.

The following conditions, equipment and supplies must be present in order for the facility to qualify as providing this service:

- Immunizations offered daily or at least 3X a week (depending on catchment population)
- Outreach immunization services offered in hard-to-reach areas
- EPI Manual (latest version)
- Updated Target Client List or Master List (at least within the week)
- Adequate supplies of BCG, OPV, DPT, measles, hepatitis B and tetanus toxoid vaccines for at least one week.
- Proper cold chain maintained: vaccine carriers with ice cold packs (immunization days).

2.2.

Disease Surveillance

- ✎ The BHS should perform disease surveillance. Surveillance data can be used by the BHS or the RHU to improve strategies in delivering health services and thus prevent these diseases from occurring, e.g. immunizable diseases like diphtheria, pertussis, tetanus, polio and measles.
- ✎ The BHS midwife and community health volunteer workers (CHVWs) should be involved in reporting, investigating and reporting to the next higher level of the health system, e.g. RHU/HC.
- ✎ Surveillance data must be complete, accurate and on time.

The following conditions must be present in order for the facility to qualify as providing this service:



- Case definitions available
- Notifiable disease reporting forms available
- Notifiable disease reporting forms submitted weekly to RHU
- Investigation of all acute flaccid paralysis (AFP) cases, neonatal deaths and measles outbreaks
- Immediately reporting all AFP and neonatal tetanus (NT) cases to the RHU/HC in the fastest possible means
- Reported cases followed up by BHS for public health reasons especially 60 days follow-up done with MHO/PHN on all AFP cases detected

2.3.

Control of Acute Respiratory Infections

- ☞ The BHS should have the equipment and supplies necessary to recognize and treat pneumonia. Cotrimoxazole and other medicines like paracetamol (for fever) should be available at all times.
- ☞ Referral to higher level or other facilities, e.g. RHUs or hospitals should be done for clients needing further management.
- ☞ BHS midwife should continue creating awareness among mothers and childminders on home care for children with simple cough and colds and early signs of pneumonia through information and health education activities.



The following conditions, equipment and supplies must be present in order for the facility to qualify as providing this service:

- ARI Case Management Chart posted
- Thermometer
- Tongue depressors
- Flashlights or pen light
- Timer or watch with second hand
- Cotrimoxazole (adult tabs), at least 25 tabs
- Paracetamol (500 mg tabs), at least 50 tabs
- In client or patient education/counseling basic messages should include:
 - ☞ home management of simple coughs and colds w/o use of cough/cold medicines
 - ☞ detection of early pneumonia using simple signs like rapid breathing and chest indrawing
 - ☞ information on when, where and how to bring the child with pneumonia for treatment



2.4.

Control of Diarrheal Diseases

- ✎ The BHS should have the equipment and supplies necessary to diagnose and treat diarrheal diseases. Referral to other or higher level facilities should be done for diarrheal clients needing further management.
- ✎ In the BHS, all patients with no dehydration or who have been successfully rehydrated in the facility should be given ORS to take home to prevent dehydration.
- ✎ As part of appropriate and prompt response to diarrhea outbreak/cholera/ disease surveillance, the facility should:
 - ✎ ensure potability of drinking water within the catchment area in conjunction with the Environmental Sanitation Program;
 - ✎ enforce sanitation code, especially on food sanitation in conjunction with the Environmental Sanitation Program;
 - ✎ promote personal and domestic hygiene through health education, and
 - ✎ assure adequate supply of ORS sachets



The following conditions, equipment and supplies must be present in order for the facility to qualify as providing this service:

- CDD Case Management Chart posted
- Functional Oral Rehydration Therapy (ORT) corner with benches, table, glasses, pitcher, spoon, potable water, calibrated container for measuring and Oral Rehydration Sachets (ORS)
- ORS sachets available at all times
- Updated daily record of diarrhea cases
- In client or patient education/counseling basic messages should include:
 - ✍ Give the child more fluids than usual to prevent dehydration;
 - ✍ Continue to feed the child; and
 - ✍ Take the child to the health worker if child does not become better in three days or earlier if the child develops some signs/symptoms like many episodes of watery stools, repeated vomiting, marked thirst, fever, blood in the stool and eating or drinking poorly.



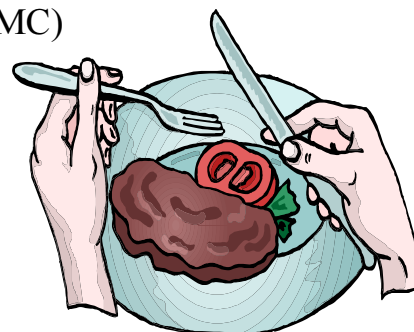
2.5. Micronutrients Supplementation/Nutrition

- ☞ The BHS should have the equipment and supplies necessary to prevent, detect and control nutritional deficiencies and specific micronutrient disorders.
- ☞ The BHS should have iron, iodized oil capsule or iodized salt and vitamin A capsules available at all times for supplementation of target groups e.g. iron tablets for all pregnant and lactating women; iron drops for infants and iron syrup for school children.
- ☞ BHS midwife should refer clients needing further management to other or higher level facilities.

The following conditions, equipment and supplies must be present in order for the facility to qualify as providing this service:

- Guidelines for Micronutrient Supplementation
- Operation Timbang (OPT) Records for the whole BHS catchment
- Updated Target Client List (at least within the week)
- Under 5 growth cards/Growth monitoring charts (GMC)
- CBPM-NP RHM Guidebook
- Basic Three Food Groups Brochures
- Salt Iodization Testing Kit
- Micronutrients available: iron, iodine, vitamin A
- Functional balance beam or other weighing scales
- In-client or patient nutrition education/counseling, basic messages should be emphasized like importance of proper nutrition including:

- ☞ Balanced diet
- ☞ Desirable food habits
- ☞ Consumption of fortified foods
- ☞ Use of iodized salt
- ☞ Importance of breast-feeding/weaning foods



2.6. Family Planning Program

- ✎ The BHS should provide all medically approved, safe, effective and legally acceptable program methods. These specific services should include:
 - ✎ Pills, IUDs, NFP (in selected facilities by referral), LAM, Condoms and DMPA
 - ✎ Referral for tubal ligation/vasectomy in selected facilities where there are trained personnel
 - ✎ Referral for relevant laboratory exams, e.g., Pap smear, wet smear, gram staining, pregnancy test, and urinalysis
 - ✎ Referral for further management of complications and/or side effects that may arise as a result of family planning methods
- ✎ The BHS should ensure the availability of all program methods at all times. When necessary, the facility should refer clients to RHU or other facilities/clinics that provide FP services it cannot provide, such as IUD or sterilization.
- ✎ FP supplies should be sufficient and equipment should be in working order.
- ✎ BHS midwife should counsel clients about the effectiveness, risks, and benefits of the different contraceptive methods. BHS midwife should provide information neutrally, without allowing their own biases to affect clients' choices.



The following conditions, equipment and supplies must be present in order for the facility to qualify as providing this service:

- Updated Target Client List (at least within the week)
- Updated FP Form 1 - BHS worksheet
- Contraceptives/Supplies available (at least 1 month allowed stock level):
 - ✍️ Condoms
 - ✍️ Oral contraceptives-combination and progesterone only
 - ✍️ DMPA } in areas with trained health worker
 - ✍️ IUDs }
- Antiseptic solution (povidone iodine; cidex) and chlorine 75%
- Sterilized Equipment available to include:
 - ✍️ Forceps—alligator, pick-up, ovum, tenaculum, uterine
 - ✍️ Forceps container
- Kelly pad/linen for examination table
- Examination table with linen or paper and changed between clients
- Light source (gooseneck lamp, flashlight)
- NFP charts for distribution (in selected facilities)
- Other leaflets/handouts on FP for distribution
- Referral Form for sterilization
- Patient counseling on information about all methods, effectiveness, risks, and benefits of various methods

2.7. Tuberculosis Control Program

- ✍ BHS midwife should be knowledgeable about the types of TB patients and the three (3) treatment regimens available. The BHS should have equipment and supplies necessary for case finding and treatment of clients diagnosed with tuberculosis.
- ✍ The BHS midwife should allocate the medicines for the complete duration of therapy for TB patients started on treatment.
- ✍ All clients should be counseled on proper compliance and adherence to treatment. Health education should also include some expected drug interactions and what clients should do upon experiencing them.
- ✍ All clients should have sputum examination on scheduled time to be able to assess the individual patients' response to treatment. This is also the way to determine "cure" for TB patients.

The following conditions, equipment and supplies must be present in order for the facility to qualify as providing this service:

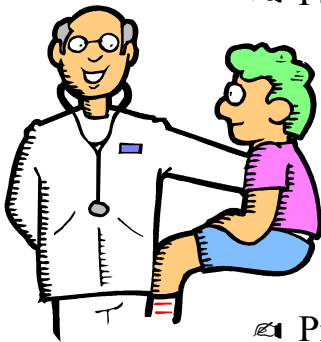
- Updated Target Client List/National Tuberculosis Program (NTP) TB Register (at least within the week)
- Supplies to include:
 - ✍ Sputum cups
 - ✍ Glass slides
 - ✍ Designated sputum collection and staining area
- Anti-TB Drugs:
 - ✍ Type I } good for at least 5 patients
 - ✍ Type II }
 - ✍ Ethambutol, in blister packs
 - ✍ Streptomycin Sulfate

- ✎ STD/AIDS prevention and control program services should be available in all STD service facilities. At the BHS level, the health worker should be capable of referring patients to the RHU/HC, a hospital or other facilities.
- ✎ Whenever possible, acceptable, affordable and effective case management of STD patients will be made accessible to all individuals.
- ✎ Syndromic management will be applied when and where reliable laboratory diagnostic support is not consistently available.

The following conditions, equipment and supplies must be present in order for the facility to qualify as providing this service:

- Syndromic Management Chart posted

✎ Patient counseling to include:



- Explanation of the diagnosis to the patient
- Instructions on the importance of completing treatment
- Encourage client to bring partner for evaluation and treatment
- Provision of health education to prevent further transmission of STDs

✎ Provision of adequate supply of condoms

- Monthly reporting using primary level reporting form accomplished and submitted to the next higher level
- Referral mechanism in place so clients not responding to treatment at this level will be referred to a designated Social Hygiene Clinic, secondary care level or referral center where a laboratory is available to perform the basic laboratory tests required to diagnose most STDs as well as for HIV testing.

2.9.




Environmental Sanitation Program

- ✍ The BHS personnel should practice strict personal and environmental hygiene to reduce disease transmission within the facility.
- ✍ Practices that should be followed within the facility include the following:
 - ✍ Hand-washing with soap and water before and after each client contact and use of comfort room/latrine
 - ✍ Examination table disinfected daily
- ✍ The BHS should provide water testing/quality monitoring services
- ✍ The BHS should have copies of updated list of water sources and food establishments within its catchment area
- ✍ Each facility should have available toilet bowls, or at least toilet bowl molds for distribution to households without toilets





The following conditions, equipment and supplies must be present in order for the facility to qualify as providing this service (some items have already been incorporated under basic infrastructure):

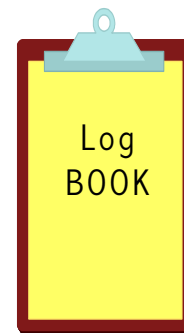
- Adequate supply of toilet bowls or toilet bowl molds for households without toilets and toilet bowl molds
- Adequate chlorine granules for disinfection of water supply facilities
- Copy of updated list of status of water supply and sanitation facilities within the area of coverage of the facility
- Copy of list of food establishments with sanitary permits and their updated sanitation conditions
- Information and education materials on environmental sanitation
- Record of number of bowls distributed or produced using the toilet bowl molds.

2.10.**Cancer Control Program - Cervical Cancer Screening**

-  The BHS should promote that all women of reproductive age should receive a pelvic exam and pap smear annually for three (3) years in a row (This service is provided at the appropriate facility and with proper back-up support from the physician.) If all three are negative, clients need to go to the facility only every three years for a pap smear.
-  The BHW midwife should counsel patients as to the risk factors for contracting cervical malignancy, not using condoms, frequent STDs, multiple partners, etc.
-  The BHW midwife should be trained on and with necessary equipment and supplies to perform a pap smear. The BHS midwife should collect and fix the specimen for reading by a higher level facility (RHU or hospital).

The following conditions, equipment and supplies must be present in order for the facility to qualify as providing this service:

- ☐ Updated Target client list/log book of clients (at least within the week)
- ☐ Pap smear: for collection of specimen
 -  Glass slides
 -  Wooden spatula (Ayer's spatula) or cervical brush
 -  Fixative (95% ethanol or others)
 -  Pencil
- ☐ Referral facility for pap smear reading
- ☐ Referral forms
- ☐ Individual patient record of Pap Smear results
- ☐ IEC materials on Cervical Cancer and self-breast examination (SBE) i.e. leaflets, posters

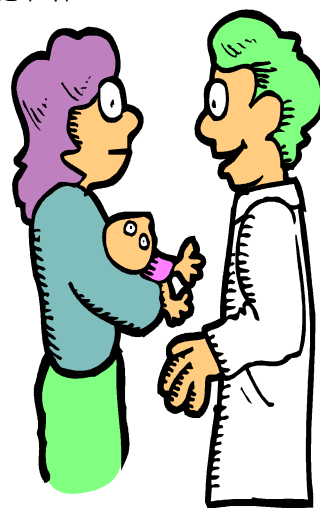


2.11. Maternal Care

- ✎ The BHS should provide a whole range of maternal care services to include providing tetanus immunization to clients/mothers, pre-natal, natal (delivery) and post partum care.

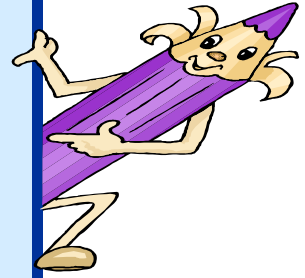
The following conditions, equipment and supplies must be present in order for the facility to qualify as providing this service:

- Updated target client list/book (at least within the week)
- TT vaccines and syringes & needles
- Record of pre-natal/natal/post natal visits conducted
- Record of home visits made by BHW midwife/CHVW
- Available forms for birth certificates
- Home based maternal records (HBMR)
for distribution to new clients/replacements
- IEC materials
- OB Emergency Manual & Algorithm



The attitude and behavior of health workers is one of the most important factors affecting the way clients/patients judge the quality of services in any health facility.

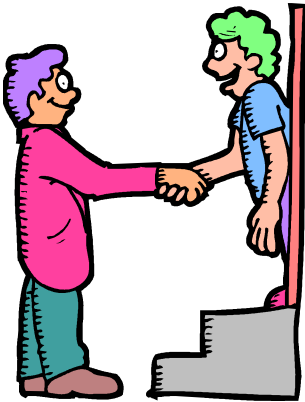
The midwife is expected to:



Greet the patient verbally as he/she arrives in order to establish rapport.



Exhibit technical competence in articulating information to patients by:



- ✍ Maintaining 2 way communication
- ✍ Being a good listener
- ✍ Being non-judgmental
- ✍ Not giving false reassurances
- ✍ Giving appropriate instructions to patients by explaining prescriptions clearly and correctly
- ✍ explaining laboratory results and facilitating follow-up of clients



Be women-friendly, by:

- ✍ Being courteous and always explain the procedure
- ✍ Ask permission before proceeding
- ✍ Avoid gender slurs/insults and discriminating words against women
- ✍ Being careful in examining women patients. This is especially true when examining women during obstetrical and gynecological examinations and as urchin/survivor of abuse/violence
- ✍ Not blaming a victim or survivor of abuse or violence



Be caring and gender-sensitive by:



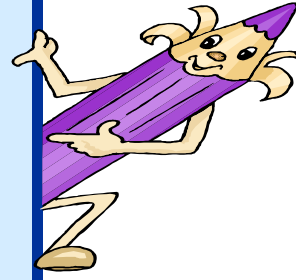
- ✍ Respecting patient's decision without compromising overall patient management
- ✍ Assuring patient's privacy and confidentiality of given information at all times
- ✍ Promptly responding to patient's request for care
- ✍ Speaking politely and with modulated tone



Be culture-sensitive by:

- ✍ Respecting patients' culture and religion
- ✍ Providing for patients needs that are influenced by culture and religion
- ✍ Offering choices/options to patients

✎ The BHS should have at least one midwife assigned to the facility with the physician and nurse from the mother RHU conducting regular visits. The midwife should be complemented by a group of organized volunteer health workers to assist in the facility.



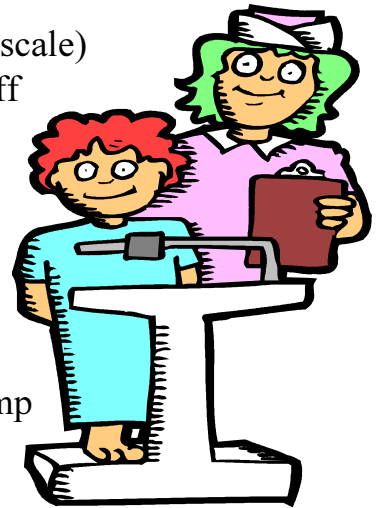
✎ The midwife should be trained in specific DOH-mandated courses to deliver competent care in a full range of services. These courses include:

1. **Basic EPI Skills Training**
2. **Disease Surveillance Training**
3. **Pneumonia Case Management**
4. **CDD Case Management**
5. **Community-Based Planning and Management of Nutrition Program (CBPM-NP)**
6. **Basic Family Planning Course (or Level I) or Comprehensive Family Planning (or Level II)**
7. **DMPA Training (if not included in either Level I or Level II)**
8. **Training on National Tuberculosis Control Program**
9. **Training on Basic Counseling for STD/AIDS**
10. **Skills Training on Pap Smear Collection (for those trained in FP Basic/Compre course)**
11. **Gender Sensitivity Training**
12. **NTP Training - DOTS**
13. **Family Planning Counseling Training**

- ✎ The midwife or visiting physician should spend a minimum of 10 minutes with each client in history-taking (new clients), examination, treatment and health education. Clients can be seen by the midwife, nurse or physician or a combination of staff depending on their complaint.
- ✎ The midwife should be supervised by the RHU nurse or physician on a regular basis to determine her technical proficiencies in performing her tasks.

The BHS should have the following essential equipment to provide basic services:

- ✍ Stethoscope
- ✍ Weighing scales-adult and infant (beam or Ming scale)
- ✍ Sphygmomanometer with adult and pediatric cuff
- ✍ Vaccine Carrier with ice packs
- ✍ Sterilizer or covered pan and stove
- ✍ Inventory of equipment and supplies
- ✍ Examination table with clean linen/paper
- ✍ Bench or stool for examination table
- ✍ Kelly pad/clean linen/plastic lining
- ✍ Light source for examination like goose neck lamp with bulb and flashlight with batteries
- ✍ Speculums-large and small



1

The BHS should have the following eight essential drugs:

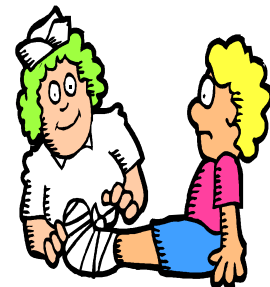
1. Cotrimoxazole
2. Amoxicillin
3. INH
4. Rifampicin
5. Pyrazinamide
6. Paracetamol
7. ORS (in sachets)
8. Nifedipine



2

The BHS should have the following basic supplies for examination, medical emergencies and simple surgical cases:

- ✍ alcohol/disinfectant
- ✍ gauze/bandages/plaster or adhesive tape
- ✍ cotton
- ✍ disposable gloves
- ✍ sutures
- ✍ disposable needles
- ✍ disposable syringes
- ✍ lubricant (KY Jelly) or clean water
- ✍ slides and cover slips
- ✍ sharp containers
- ✍ tape measures



3

Adequate supply of disinfectants, antiseptics and/or insecticides.

4

Available storage for drugs.

Drugs/medicines are kept off the floor and away from the walls. They should be protected from rodents, insects and environmental elements (sunlight, heat, humidity, floods, moisture, etc.) and kept in a safe place to ensure that no pilferages occur.

5

Complete and updated inventory of stock cards and supply records.

7.1

As part of the RHU/HC – BHS information system, the following should be in place:

1. A functioning two-way referral system with procedures for on-referral/back referral of clients/patients and the necessary referral forms.
2. Updated statistical record/board/displays
3. Completed/updated (at least within the week) Field Health Information Systems (FHSIS) reports and target client lists (TCLs)

7.2

Properly filled up records and reports and filed for easy retrieval and reference.



The BHS should have active community health volunteer workers (CHVWS)

- ✎ The BHS midwife, in coordination with organized groups/community organization and NGOs, should, whenever needed, organize outreach services to communities being served especially on areas otherwise inaccessible to health workers or regular health services.
- ✎ The BHS midwife should conduct activities to encourage the participation of CHVWs in their catchment since CHVWs are essential partners in delivering basic health services at the community level.
- ✎ Organized CHVWs should refer and follow-up patients to BHS or RHUs or other levels of health care delivery system e.g., other health units and hospitals.
- ✎ The BHS midwife and CHVWs should conduct community health interventions through barangay assemblies, “Dengue Linis Brigade”, patients/ mothers classes, breastfeeding support groups, etc.
- ✎ The BHS should have a program or activities to encourage and support community participation and partnership for health interventions.